

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000027369**

**1. Entity Name**  
**FIRST TAMPA WEATHERSFIELD, LLC**



**Principal Place of Business**  
**1525 WEST HILLSBOROUGH AVENUE**  
**TAMPA, FL 33603 US**

**Mailing Address**  
**1525 WEST HILLSBOROUGH AVENUE**  
**TAMPA, FL 33603 US**



03032004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**57-1136742**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**REIBER, SAM I**  
**3821 HENDERSON BOULEVARD**  
**TAMPA, FL 33629**

**DO NOT WRITE  
IN THIS SPACE**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY ST ZIP**  
**MGRM**  
**FIRST TAMPA DEVELOPMENT CORP.**  
**1525 WEST HILLSBOROUGH AVENUE**  
**TAMPA, FL 33603**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**CITY ST ZIP**

U000000137211  
04/29/04-80030-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Domestic Filing #

*[Handwritten Signature]*  
Dimitri Artzibashev, authorized rep 4/23/04 - 813-237-0529